

No. <b>W 140866</b>		<b>Due no later than Aug 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  EXPRESS LUBE LLC DORIS mogard 120 S CHALLIS ST SALMON ID 83467		DORIS MOGARD 120 S CHALLIS ST SALMON ID 83467-8346			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name MICHAEL MOGARD	Street or PO Address 1601 ROOSEVELT AVE		City SALMON	State ID	Country USA	Postal Code 83467
5. Organized Under the Laws of:  <b>ID</b> <b>W 140866</b>		6. Annual Report must be signed.*  Signature: Mike mogard Name (type or print): Mike mogard  Date: 06/25/2015 Title: manager					
Processed 06/25/2015 * Electronically provided signatures are accepted as original signatures.							